

UNITED NATIONS
DEVELOPMENT
PROGRAMME



Distr.
GENERAL

DP/FPA/11/Add.4
4 February 1980

ORIGINAL: ENGLISH

GOVERNING COUNCIL
Twenty-seventh session
June 1980
Agenda item 7 (a) (ii)

OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Nigeria

Developing a family health component
in the basic health services scheme

Estimated UNFPA contribution:	\$ 1,806,900
Estimated value of the Government's contribution:	\$ 20,500,000
Duration:	Four years (1980-1983)
Estimated starting date:	March 1980
Executing Agency:	UNFPA
Government Co-operating Agencies:	Federal Ministry of Health, State Ministry of Health - Ondo State, State Ministry of Health - Rivers State, State Ministry of Health - Borno State

I. Summary

1. UNFPA proposes to support a family health project in the amount of \$1,806,900 for four years to assist the Federal Government of Nigeria in establishing a family health component within the framework of its Basic Health Services Scheme (BHSS). Although UNFPA has already given considerable assistance for family health projects at the State level in three States of Nigeria, this is the first request for assistance in developing such services on a national level.

II. Background

2. Nigeria, with an area of 923,768 square kilometres, although only fourteenth in area, is the most populous African nation. Estimates of the population vary widely. The most recent official Government estimate, for 1976, was 76.7 million people, but the Population Reference Bureau gives an estimate of 64.7 million for the same year, and the current United Nations estimate is 77.1 million. Population density nationwide is estimated at 68 persons per square kilometre, but it varies considerably in different parts of the country. The per capita gross national product in 1978 was estimated at \$560 by the World Bank.

3. According to United Nations estimates the natural growth rate of the population is 3.2 per cent per annum. Approximately 47.4 per cent of the population is under 15 years of age. The gross reproduction rate is 3.4 per cent, the crude birth rate is just under 50 per thousand, the crude death rate 18 per thousand. Women in the child-bearing ages of 15-49 account for 44 per cent of all women. The population is expected to double in approximately twenty-five years.

4. Life expectancy is 46 years for males and 49 years for females. Official estimates show infant mortality rates at 150-175 per thousand live births but it is estimated that more than 50 per cent of all children die before the age of six.

5. Morbidity from infectious diseases alone, or in combination with malnutrition, accounts for more than 70 per cent of all recorded illnesses. Statistics for 1970 show that the most common infectious diseases for all age groups are malaria, dysentery, gonorrhoea, pneumonia, measles and tuberculosis.

6. As early as June 1966, in the Guideposts for the Second National Development Plan (1970-1974), the Government expressed concern about the rate at which the country's population was growing and acknowledged the need to consider population matters, including spatial distribution, in conjunction with development issues. An official Government population policy statement in 1970, issued as part of the Second National Development Plan, underscored the complex and somewhat controversial nature of the population issue while pointing out the potential problems caused by the country's demographic situation and high population growth, stressing, however, the country's resource base and development possibilities.

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7. In the Third National Development Plan (1975-1980), the Government took a more assertive stand on population stating that, "the Government is not ... leaving the problem of reducing the overall fertility rate solely to the normal process of social change". This Plan also provided the framework for the development of a national Basic Health Services Scheme designed to be the primary vehicle for planning and implementing health programmes for rural Nigeria. Although this third Plan did not call for any specific action, it did outline five general population-related concerns: improvement of population data collection facilities and programmes; reduction of morbidity and mortality; encouragement by the Government of child spacing on a voluntary basis within the framework of national health programmes (especially the Basic Health Services Scheme); co-ordination of all existing maternal and child health/family planning projects, irrespective of the source of their funding, with national health programmes; and spatial redistribution of the population, notably through the establishment of a new federal capital. The present project is addressed to the second, third, and fourth of these concerns.

8. As to previous UNFPA assistance to Nigeria, support was given to the 1973 population census, the results of which have never been made public. UNFPA has also supported a project at the University of Lagos to develop a post-graduate programme in population studies and economic demography. The project has generated data on morbidity and fertility, and as part of the project a seminar on population and development for Government planners and decision-makers was organized. To date, UNFPA has allocated over \$300,000 to this project, which is scheduled to terminate in 1980. UNFPA assistance has also been given to the University of Ife to review and study laws related to population and family planning. Allocations to the first phase of this project totalled about \$90,000; the second phase is scheduled to get under way early in 1980. UNFPA has also allocated \$30,000 for a study on rural migration.

9. The Population Council of New York has supported research in reproductive medicine at the University of Ibadan, demographic research and training at the University of Nigeria, and manpower studies at Ife University. The United States Agency for International Development (USAID), the Ford Foundation and the Rockefeller Foundation have also made research and training grants to Nigeria in the population field. The International Planned Parenthood Federation (IPPF) has made significant grants for establishing family health programmes in Nigeria.

10. Maternal and child health and family planning activities have been receiving the largest share of UNFPA assistance to Nigeria. Support first went to the maternal and child health/family planning activities at Ibadan University Hospital. Since 1975 three other large-scale projects have been developed, - in Cross River, Sokoto, and Niger States - with a total UNFPA contribution of more than \$2 million over four years. The experience gained through these projects will now be applied to the project described here.

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11. In the area of population information, education, and communication, UNFPA has provided support amounting to about \$180,000 to the Institute of Mass Communications at the University of Lagos for training programmes and for basic research in family health communications strategies. Research has already been conducted in selected areas, and the results are expected to improve the communications aspects of the country's overall maternal and child health/family planning service delivery programme.

III. The project

12. The long-range objectives of the project are to improve maternal and child health and reduce infant mortality, and to assist the Federal Ministry of Health in institutionalizing the delivery of family health services through the Basic Health Services Scheme, while ensuring that the maternal and child health/family planning services become a major, integrated component of the comprehensive national health programme.

13. The project's immediate objectives are to:

- establish a family health component within the Basic Health Services Scheme;
- improve the planning, co-ordination and delivery of family health services at the federal, state, and local levels;
- identify special activities leading to improvement in the delivery of services and either give them support through the project or develop proposals for alternative funding;
- strengthen the training in family health of service and supervisory personnel at all levels;
- develop a system for collecting and disseminating data on family health services;
- help co-ordinate and standardize the family health services being delivered by Nigerian agencies outside the Basic Health Services Scheme;
- provide opportunities for developing links between the family health component of the scheme and the activities and expertise of international agencies involved in delivering family health services;
- assist the Basic Health Services Scheme in setting up actual family health projects in three geographical locations where theoretical approaches to providing family health services can be tested through practical application.

14. Within the functional and administrative framework of the Basic Health Services Scheme, the project will set up initial operations in three rural settings. The project areas selected include local government authorities in Ondo State (a forest area), Rivers State (a riverine area), and Borno State (a savannah area). These areas were chosen because, while they present a representative mixture of logistical problems in service delivery and a variety of state systems within which the project will function, the challenges are not insurmountable given the project's resources.

15. Overall responsibility for the project will rest with the Federal Ministry of Health. The family health component of the Scheme will, through the project's technical advisers and Government counterparts, guide project execution and co-ordinate activities with the Ministries of Health of the three States in which the project will operate.
16. The international advisers to be provided through UNFPA funding are two long-term consultants - a family health specialist and a field co-ordinator - and six short term consultants.
17. UNFPA funding will support several training activities. An orientation course for all health sector personnel within the three project areas, designed to acquaint participants with the goals and proposed project activities, will be held in each of the three States at the beginning of project implementation. Participants will include State and local personnel, representatives of the School of Health Technology, and National Youth Service Corps personnel. Another orientation course, devoted to the same subjects as above and also held at the outset of project activities, will cover all non-health persons involved in family health care delivery, including State, local government and community officials and traditional leaders. The purpose is to elicit community participation and co-operation. There will be an orientation course each year for health personnel entering the Federal Ministry of Health, to acquaint them with the goals of the project and their role in it. Finally, there will be workshops and/or seminars, lasting one day and held quarterly, for all Basic Health Services Scheme personnel in each project area. Among subjects covered will be: child-spacing and menstrual-regulation techniques, equipment maintenance, care of wounds and sub-fertility.
18. In addition, UNFPA will fund the following training for individuals: Three federal-level Basic Health Services Scheme staff members will receive a year of training abroad in health care administration, planning and evaluation, and health education. Three School of Health Technology personnel, one from the school in each project State, will receive short-term training outside Nigeria in maternal and child health/family planning and in teaching techniques. Twelve State-level staff will undergo short-term training at a university or vocational institute in Nigeria; one person from each State will study each of the following subjects: health statistics, data systems, equipment maintenance, and vehicle maintenance (including river craft).
19. UNFPA will supply the project with four motor vehicles, two dug-out canoes and four outboard engines. In addition, some clinic equipment will be supplied, as well as health education and audio-visual equipment, contraceptives and drugs.
20. Limited funds will be set aside for such undertakings as: surveys, data collection, testing of alternative approaches to service delivery, testing of alternative methodologies for solving disease prevention problems, and development of health education methods and materials.

21. The components of the UNFPA contribution are as follows:

	<u>1980</u> \$	<u>1981</u> \$	<u>1982</u> \$	<u>1983</u> \$	<u>Total</u> \$
International personnel	254 800	244 800	182 200	177 200	859 000
Special activities	12 500	12 500	12 500	12 500	50 000
Training	132 010	95 570	22 610	3 070	253 260
Equipment	137 200	89 800	1 140	-	228 140
Contraceptives	17 500	35 000	114 500	114 500	281 500
Sundry (printing operation and maintenance)	<u>45 000</u>	<u>30 000</u>	<u>30 000</u>	<u>30 000</u>	<u>135 000</u>
	599 010	507 670	362 950	337 270	1 806 900

V. Recommendation

22. The Executive Director recommends that the Governing Council:

- a) Approve the project in Nigeria in the amount of \$1,806,900 for four years;
- b) Authorize the Executive Director to allocate funds and to make the appropriate arrangements with the Government of Nigeria.
